



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2007**

**2007**  
FORM  
**MO-CRP**

• Read instructions. • Print or type.  
**Failure to provide landlord information will result in denial or delay of your claim.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. NAME		3. LANDLORD'S NAME, LAST FOUR DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)			
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)			
CITY, STATE, AND ZIP CODE		4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) ( )			
5. RENTAL PERIOD DURING YEAR	FROM: MONTH — DAY — YEAR <b>2007</b>	TO: MONTH — DAY — YEAR <b>2007</b>			
6. Enter your gross rent paid. <b>Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving housing assistance, enter the amount of rent YOU paid. . . .</b>			6		00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. <b>SHARED RESIDENCE</b> — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) . . . .			7		%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a. . . . .			8		00

MO 860-1089 (11-2007)

For Privacy Notice, see the instructions.



MISSOURI DEPARTMENT OF REVENUE  
**CERTIFICATION OF RENT PAID FOR 2007**

**2007**  
FORM  
**MO-CRP**

• Read instructions. • Print or type.  
**Failure to provide landlord information will result in denial or delay of your claim.**

1. SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER		ARE YOU RELATED TO YOUR LANDLORD? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.	
2. NAME		3. LANDLORD'S NAME, LAST FOUR DIGITS OF SSN, OR FEIN (MUST BE COMPLETED)			
ADDRESS OF RENTAL UNIT (DO NOT LIST P.O. BOX)		LANDLORD'S ADDRESS, CITY, STATE, AND ZIP CODE (MUST BE COMPLETED)			
CITY, STATE, AND ZIP CODE		4. LANDLORD'S PHONE NUMBER (MUST BE COMPLETED) ( )			
5. RENTAL PERIOD DURING YEAR	FROM: MONTH — DAY — YEAR <b>2007</b>	TO: MONTH — DAY — YEAR <b>2007</b>			
6. Enter your gross rent paid. <b>Attach rent receipt(s) for each rent payment or the entire year, a statement from your landlord, or copies of cancelled checks (front and back). If receiving housing assistance, enter the amount of rent YOU paid. . . .</b>			6		00
7. Check the appropriate box and enter the corresponding percentage on Line 7. <input type="checkbox"/> A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100% <input type="checkbox"/> B. MOBILE HOME LOT — 100% <input type="checkbox"/> C. BOARDING HOME / RESIDENTIAL CARE — 50% <input type="checkbox"/> D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45% <input type="checkbox"/> E. HOTEL If meals are included, enter — 50%; Otherwise, enter — 100% <input type="checkbox"/> F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income.) <input type="checkbox"/> G. <b>SHARED RESIDENCE</b> — If you shared your rent with relatives and/or friends (other than your spouse or children under 18), check the appropriate box and enter percentage. <b>Additional persons sharing rent/percentage to be entered:</b> <input type="checkbox"/> 1 (50%) <input type="checkbox"/> 2 (33%) <input type="checkbox"/> 3 (25%) . . . .			7		%
8. Net rent paid — Multiply Line 6 by the percentage on Line 7. ENTER HERE AND IN THE BOX ON FORM MO-PTS, LINE 12a OR FORM MO-PTC, LINE 10a. . . . .			8		00

MO 860-1089 (11-2007)

For Privacy Notice, see the instructions.